



Complete Summary

TITLE

Diagnosis and treatment of chest pain and acute coronary syndrome (ACS): percentage of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 78 p. [119 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percentage of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge.

RATIONALE

The priority aim addressed by this measure is to increase the timely initiation of treatment to reduce post-infarction mortality in patients with acute myocardial infarction (AMI).

The rationale for development and reporting of this measure included two elements. Multiple post-myocardial infarction studies (Gusto, CCP) have shown that approximately half of the patients in which beta-blockers are indicated are actually given the drug. Multiple authors have identified under-utilization of beta-

blockers as potentially increasing the likelihood of reinfarction and (as a result) increasing mortality rates. The Health Care Financing Administration (HCFA)-Cooperative Cardiovascular Project will be auditing use of beta-blockers in assessing hospital efforts for improving the care of patients with AMI. This rate should increase over time.

PRIMARY CLINICAL COMPONENT

Acute myocardial infarction (AMI); beta-blockers

DENOMINATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

NUMERATOR DESCRIPTION

Number of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Diagnosis and treatment of chest pain and acute coronary syndrome \(ACS\).](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Hospitals

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Age greater than or equal to 18 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better

IOM DOMAIN

Effectiveness

Timeliness

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Adults 18 and older diagnosed as having an acute myocardial infarction (AMI)

Plan A: It is highly recommended that data collection be completed on a real-time basis. This measure references all patients to improve process sensitivity at sites where few patients with AMI are routinely discharged in a given time period.

Plan B: Should real-time data collection present insurmountable institutional obstacles, consider retrospective chart review of all or a simple random sample of records of patients with AMI. A random sample is best employed in the presence of more than 30 discharges in a measurement period. If fewer than 30 discharges occur in a measurement period, consider examining all the records.

Use the Listing of AMI Medications included in the original guideline (see the related National Guideline Clearinghouse [NGC] summary of the Institute for Clinical Systems Improvement [ICSI] guideline [Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\)](#)) to suggest relevant medication trade names and National Drug Code (NDC) codes.

Sites may use the AMI patient record included in the original guideline as a stand-alone data collection tool (see the related NGC summary of the ICSI guideline [Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\)](#)). It is recommended that any inpatient collection document used be routed to a central clinical/hospital liaison at the time of patient discharge, and that all routing be independent of the patient medical record. Data collection forms can be forwarded to the medical group for analysis.

Data can be collected weekly or monthly.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute myocardial infarction (AMI) discharged in the measurement period

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Clinical Condition

Institutionalization

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of patients with acute myocardial infarction (AMI) receiving beta-blockers no later than discharge

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Institutionalization

DATA SOURCE

Medical record

Special or unique data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of patients with AMI receiving beta-blockers no later than discharge.

MEASURE COLLECTION

[Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome \(ACS\) Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Nov

REVISION DATE

2005 Oct

MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Institute for Clinical Systems Improvement (ICSI). Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Nov. 79 p.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of chest pain and acute coronary syndrome (ACS). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2005 Oct. 78 p. [119 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of patients with AMI receiving beta-blockers no later than discharge," is published in "Health Care Guideline: Diagnosis and Treatment of Chest Pain and Acute Coronary Syndrome (ACS)." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

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